

TRANSMITTAL SLIP		DATE	6/5
TO: Ch/D/I			
ROOM NO.	BUILDING		
REMARKS: HAR Return D/I RP			
FROM: OAD/KR			
ROOM NO.	BUILDING	EXTENSION	

FORM NO 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)